

EXHIBIT 2-C

SIGNATURE CERTIFICATION FORM

Montana Department of Commerce
Community Development Division
Treasure State Endowment Program
301 S. Park Avenue
PO Box 200523
Helena, Montana 59620-0523

This is to certify that the following officials¹ are authorized to sign requests for payment of Montana Treasure State Endowment Program (TSEP) funds for the (name of grantee: City, Town, or County of _____,) FY 20__ TSEP grant:

- | | | |
|----|---------------------|----------------|
| 1. | _____
Signature | _____
Title |
| | _____
Typed Name | |
| 2. | _____
Signature | _____
Title |
| | _____
Typed Name | |
| 3. | _____
Signature | _____
Title |
| | _____
Typed Name | |

It is understood that any two of the above signatories must sign each request for payment submitted.

²I hereby certify that I have witnessed the signing of the above named signatures.

Signature of Witness

Date: _____

Typed Name and Title of Witness

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the _____ day of _____, 20__.

Notary Public for the State of Montana (type or print name)

(Notary Seal)

Residing at _____

My Commission expires _____

¹Suggested signatories include the chief elected official (Mayor, Chairperson of County Commission, Tribal Chairperson and/or Tribal Council Members), city or county clerk or treasurer, or other local officials. Consultants under contract may not be a signatory.